



GARDEN ROUTE DISTRICT MUNICIPALITY EPWP UNEMPLOYMENT DATABASE APPLICATION FORM										GRDM EPWP OFFICE Mission Street Telephone Number: 044 803 1535/1531/1582/1407/1501/1472/1473					
Initials, Name and Surname				Accredited Training /qualification received with proof attached to form					Please attach the following documents: ID Document; Qualification(s); Training Document(s); Driver's Licence(s); CV			Household information			
Initials:				Driver's License	Yes		No		Provide nam		telephone numbers of previous employer/s:	Number of persons in h	ousehold		
Name:				Code type:					Company			Numbers of persons working in h	ousehold		
Surname:				Highest qualification					Contact pers	son		Number of Children attending sch	ool in the ousehold		
ID Number:	umber:			Other Qualifications:					Contact num	iber		More important particulars			
Age: Tel/Cell no.				1.					Compa	any				1	
Alternative contact number:			2. 3.					Contact pers	son		Household received income	Yes (	)	No ( )	
Male Fer	male Disabilit	y Yes ( )	No ( )	4.					Contact num	ber		Unemployed	Yes (	)	No ( )
Residential details			List your experience, and skills. This will be used to for future referencing purposes.				re	Company			If clicked yes, how many are unemployed in your household				
Street Address									Contact pers	son		Disabled	Yes (	)	No ( )
Area									Contact num	ber		If clicked yes, how many are disabled in your household			
Town									Write down the si (PPE)	ize of y	your Personal Protective Clothing				
Ward									Jacket						
Name and contact details of somebody living with you at above								Track pants							
address									Boots			Signature confirming that			
								Other			all information provided is correct				

EPWP Contacts: Delicia@gardenroute.gov.za; Zinzi-Kay@gardenroute.gov.za; Androlene@gardenroute.gov.za; Phathuxolo@gardenroute.gov.za; henlene@gardenroute.gov.za; Androlene@gardenroute.gov.za

For more information about EPWP at the Garden Route District Municipality website, http://www.gardenroute.gov.za/expanded-public-works-programme/

Please note: By completing this form, you give Garden Route District Municipality permission to share your information with other organisations for job creation opportunities. (Please tick one of the boxes below to indicate that the organisation has been given permission to share your information.)

YES:	NO:	
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